

Volume 3, Issue 1



Department of Mental Retardation
Office of Quality Management

Living WELL



SPRING/
SUMMER 2004





Welcome to the Spring/ Summer 2004 issue of "Living Well", a publication of the Department of Mental Retardation, Office of Quality Management. "Living Well" is published on a quarterly basis and features important information for individuals and their supporters.

Information includes health advisories/alerts, home, work and community safety tips, and "promising practices" in services and supports to individuals with mental retardation. "Living Well" represents one component of DMR's continuing commitment to share information which will safeguard and improve the quality of lives of individuals we support . Information and knowledge is a powerful tool. We hope that this and future editions of "Living Well" will be used effectively to enhance our service system.

We'd welcome your feedback and suggestions regarding content areas for future editions of the publication. Please submit your suggestions to Sharon.Oxx@dmr.state.ma.us. Thank you!

*Gerald J. Morrissey, Jr. Commissioner
Department of Mental Retardation*

DMR's Health Promotion and Coordination Initiative

Reminder!

In December 2003 DMR began implementation of a major initiative to improve and support the quality of health care for individuals you support.

The initiative includes very important information regarding health care screenings, important ways to record observations, and helpful information regarding signs and symptoms of illness.

Copies of the manual were distributed to your agency and are also available on the DMR web site at www.DMR.state.ma.us, in the Health and Wellness Promotion link.

Please take the time to read this material or speak with management staff of your agency to obtain more details.



DEHYDRATION

(the lack of sufficient fluid in the body)

Because many people are on certain medications requiring a stable blood level to maintain effectiveness (like seizure and psychotropic medications), even mild dehydration can cause those blood levels to rise to dangerous levels, even toxic levels. This can create serious health consequences for the individual. Increasing fluid intake on hot days and offering them frequently can help prevent such an event.

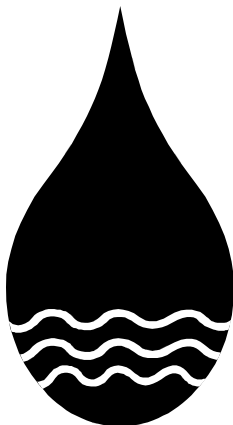
Some signs of dehydration include:

- Decreased amount of urine
- Less frequent urination
- Dry skin or cracked lips
- Sunken eyes
- Less elasticity to the skin
- Fever
- Sleepiness
- Headache
- Increased heart rate
- Strong, dark urine

**REMEMBER:**

Popsicles, watermelon, cantaloupe, fruit salads and jello all contain a lot of water.

And summertime is the perfect time to indulge in such treats.



As many of the individuals supported by staff may not be able to express their increased need for fluids or are unable to access it independently, special effort must be made to anticipate this need by staff.

RULE OF THUMB:

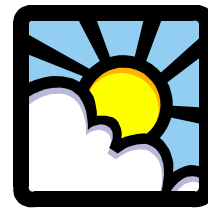
If a staff person is consuming a beverage, the person that they support should have one as well.

HEAT ILLNESSES

- **Heat Cramps** occur after vigorous activities like running or playing tennis. Their signs are painful abdominal spasms and cramps in major muscles such as the legs and abdomen. Cramps subside with rest, cooling down and plenty of water.
- **Heat Exhaustion** has many symptoms-fever, heavy sweating, fainting, rapid pulse, low blood pressure, clammy skin, ashen skin tone and nausea. Overexertion and not drinking enough water is the usual cause. To treat it, go indoors with a fan or air conditioning or to a shady spot, apply cool clothes, immediately lie down with your legs elevated, loosen tight clothes, and drink cool water or sports beverages.
- **Heat Stroke (Sunstroke)** can be life-threatening and requires immediate medical help. The symptoms include not only those associated with heat exhaustion, but also very rapid pulse and breathing, delirium, unconsciousness, and lack of perspiration to cool the body.

Risk factors for heat stroke include:

- Dehydration
- Age over 65
- Obesity
- Consuming alcohol in hot weather
- Having chronic heart or lung disease
- Taking medications that interfere with the body's heat-regulating system



To Prevent a Heat Illness

- Avoid direct sun from late morning until 4pm
- Limit vigorous exercise or chores to early morning or late afternoon
- Dress in light colored, loose-fitting clothes
- Continually drink plenty of water or juice
- Avoid caffeine or alcohol
- Eat light meals

SUN EXPOSURE

Whenever you or the people you support are in the sun, you need to apply sunscreen. Buy a quality product rated at least SPF (Sun Protection Factor) 15 and apply it liberally to all exposed skin at least 30-60 minutes before going out into the sun and frequently thereafter especially during peak sun hours or after sweating or swimming. Not only will this help prevent sunburn but skin cancer as well.

Too much sun is also a risk factor for cataracts, so use sunglasses that block UVA and UVB ultraviolet rays. And don't forget your wide brimmed hat

Remember:

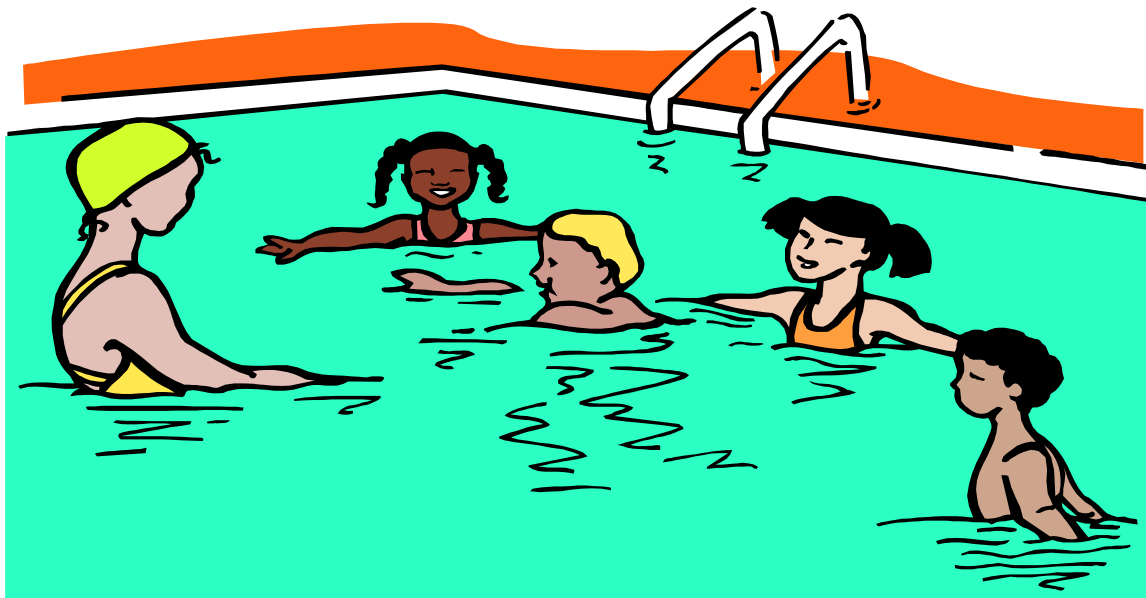
Certain medications (like anticonvulsants, antipsychotics and high blood pressure medications) can cause people to burn more rapidly and more severely.

WATER SAFETY

Enjoying the water can be a special way to enjoy warm, summer days. With some precautions and planning as outlined below, these activities can be the basis of happy memories of a fun summer.

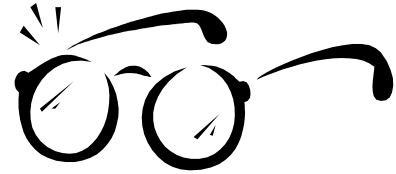
- Assess each individual's capabilities and needs when using different water venues, such as a pool, the ocean, or boating. Ensure staff are knowledgeable of people's capabilities and staff have water safety skills to support individuals while enjoying water activities.
- Know each individual's vulnerabilities and provide ongoing supervision to ensure everyone's safety. Remember, in sight supervision must be provided at all times to fully ensure safety.
- Before use, identify and utilize other available resources to ensure safety such as Lifeguard over sight of the beach or pool
- Before use, identify any potential hazards and unique safeguards required for the specific water environments individuals will be using. Potential hazards, for example, could include finding out about surf conditions to determine whether swimming in the ocean is safe, or knowing the depth of the water or possible underwater hazards when swimming at a lake or river. Unique safeguards would include the use of life jackets when boating.
- Watch out for the "dangerous too's"—too tired, too cold, too far from safety, too much sun, too much strenuous activity.
- Pay attention to the weather and stop swimming at the first indication of bad weather. Know what to do in an electrical storm.

For pools at individuals' homes, ensure that the pool is maintained safely and that safeguards are in place when the pool is temporarily or seasonally not in use. For more information, refer to the DMR "Safeguards for Pools" issued on 1/8/97.



Making the Most of an Eye Exam!

By Lisa DiBonaventura MA, COMS



Did You Know?

According to *The Health Status and Needs of Individuals with Mental Retardation*, written in Sept. 2000 and commissioned by Special Olympics International, “Available data suggest that ocular impairments (refractive errors, strabismus, cataracts, keratoconus, nystagmus and poor vision acuity) are more common among individuals with MR than those without MR.”

Have Eyes Routinely Examined!

Eye Exams should be scheduled once every one to two years.

- Individuals with specific eye conditions may be scheduled for more frequent exams. Always check with the eye doctor!
- Emergencies: If in between scheduled eye exams, any sudden visual problems, eye pain or pressure occur, call the eye doctor immediately for an appointment.

Choose an Eye Doctor – the First Step for Success!

Be thorough and careful when choosing an Eye Doctor. The time spent will be well worth your efforts!

- Ask for recommendations of Optometrists or Ophthalmologists who have experience in working with adults with developmental disability.

Select the Best Appointment Day & Time!

Take care when scheduling an appointment as this will help to set the stage for creating the most successful atmosphere for the eye exam.

- Describe the reason for the exam to help determine how quickly the appointment is needed.
- Schedule the eye exam on a day when someone who knows him or her well can accompany the individual. A supportive companion can help the individual relax, and feel as comfortable as possible so that the exam can be completed.
- If waiting is difficult, schedule the appointment to be the first of the day, the first after the doctor's lunch break, or the last appointment of the day to reduce waiting time as much as possible.

Plan for Success!

- Prepare the individual based on their needs. It may be very helpful to talk about the upcoming appointment and explain what will happen as a way to reduce any anxiety about the eye exam. For others, the reverse is true and it may be best to inform the person only on the morning of the appointment, etc. Which ever approach you use, planning for how the visit will be addressed is an important step to a successful exam.

- Talk with the individual and other caregivers about any vision concerns. Make a list of all questions, concerns and observations of functional vision.
- Gather Important Medical Information such as medical diagnosis, previous eye reports, medications, allergies, environmental sensitivities, prior reactions to eye exams, etc.

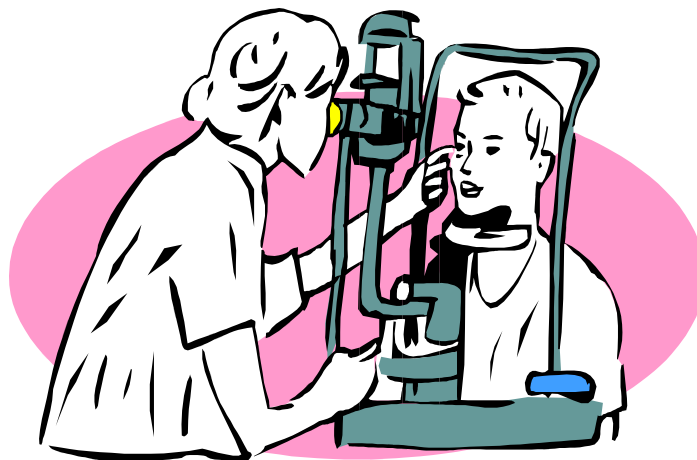
Get Ready to Go! – “To Do’s” on The Day of the Eye Exam:

- Call ahead on the day of the appointment to see if the doctor is running on time so that you can adjust your arrival time at the eye doctor’s office accordingly.
- Take along all-important information including: medical diagnosis, previous eye reports, medications, allergies, environmental sensitivities, prior reactions to eye exams, functional vision information and questions/concerns, etc.
- Bring any appropriate item or quiet activity that is reinforcing and/or comforting to the individual. This may be helpful to have along especially if there is time to be spent in the waiting room.

Special Circumstances

Some individuals have extreme difficulty tolerating eye exams and could potentially go without ever having their eyes thoroughly examined. If this occurs, talk with the eye doctor and primary care physician, to explore alternative approaches to help the individual relax and allow their eyes to be examined.

Lisa DiBonaventura, MA, COMS
Director, Orientation & Mobility / Low Vision Services
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Southeast Region, Shriver/DMR



ALLERGIC REACTIONS

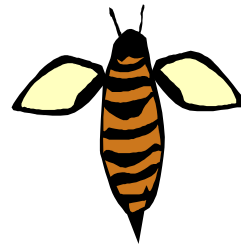
An **allergy** is a person's abnormal response to something that is usually harmless. That material is called an **allergen**. Some examples of common allergens are pollen, dust mites, animal dander, molds, latex, insect bite, medications and certain foods. The most common allergies affect the nose (runny and sneezing), eyes (watery and itchy) breathing (wheezing and coughing) or the skin (itchy with hives or a rash). Some common terms for these kinds of allergies are "hay fever", "pet allergies", "dust allergies", allergic asthma, and "hives."

A severe and possibly life-threatening allergic reaction is called **anaphylaxis** or **anaphylactic reaction**. This is the most dangerous type of allergic reaction. *If not treated immediately it can lead to death.* Many people who are at risk for this reaction carry an epinephrine-filled syringe with them at all times. *It is called an Epi-pen.* You may need to be trained in how to use one of these devices if you work with someone who has a history of these reactions.

What does an anaphylactic reaction look like?

The most common signs of an anaphylactic reaction are:

- Hives (itchy bumps on the skin)
- Swelling of the throat, lips, tongue, or around the eyes
- Difficulty breathing or swallowing



Some other common signs are:

- A metallic taste or itching in the mouth
- Flushing, itching or redness of the skin
- Abdominal cramps, nausea, vomiting, or diarrhea
- Heart racing
- Paleness
- Lightheadedness
- A sudden feeling of weakness
- Anxiety or an overwhelming sense of doom
- Collapse
- Loss of consciousness

ALLERGIC REACTIONS (CONT.)

What should you do if you see an allergic reaction?

Call 911 if the person appears:

- To have difficulty breathing
- Complains that their throat is closing up
- To be wheezing severely
- To be unconscious
- To have severe swelling of the face, tongue or eyes or at the site of an insect bite
- Complains of dizziness
- Gray or blue in color

Other situations:

- Consult your nurse or health care provider
- Write down what you see and what you think may be the cause
- Share what you see and think with other staff
- Share what you think and see with the HCP or nurse

How can you prevent an allergic reaction?

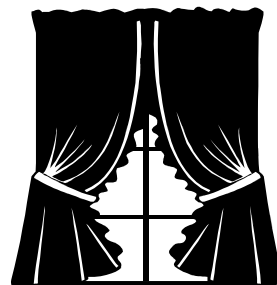
Usually, avoiding what the person is allergic to can be the simplest way to control their allergy. Depending on what he or she is allergic to, this plan may or may not work well. If the person is allergic to dust mites, pollen, mold or pet dander, you can reduce their exposure by making a few changes in the home and lifestyle.

For example, if he or she is allergic to **dust mites or mold**:

- Don't allow the humidity level in the home go above 50 per cent
- Use an air conditioner in the summer
- Cover the mattress, box spring, and pillows with plastic or allergen-proof covers
- Remove rugs
- Do not use upholstered furniture
- Use washable curtains and draperies

If he or she is allergic to **pollen**:

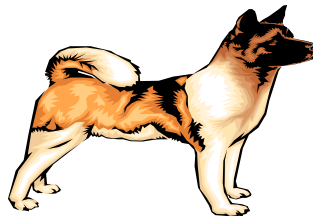
- Stay indoors when the pollen counts are high
- Keep the windows in your home and car closed
- Use air conditioning



ALLERGIC REACTIONS (CONT.)

If he or she is allergic to **pet dander or cigarette smoke**:

- Keep pets outside
- Allow no smoking in the home
- Avoid exposure to cigarette smoke



If the person has a food allergy, avoiding the food is the only way to control that allergy. **Food, medication and insect allergies are the most common causes of anaphylaxis.**



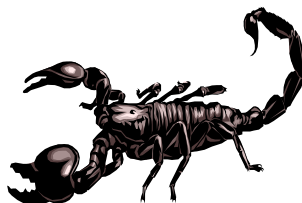
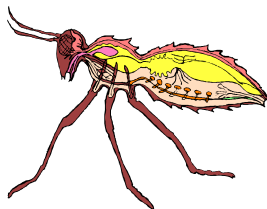
What about medications?

Sometimes avoiding the substance that you are allergic to is not possible. There are many different types of medications that can help lessen the symptoms. Some are available over the counter and others require a prescription. The person's health care provider should be consulted about what medication might be best.



CREEPY CRAWLEES and OTHER PESTS

- **Bee, wasp or hornet stings** can cause a medical emergency if one is allergic to them. You should be aware of those you are responsible for who have this problem and follow protocol if they should get stung. Most people, however, only experience a sharp pain that goes away after a few minutes. It is important to remove the stinger promptly: use a flat edge such as a credit card to scrape it from the welt, Wash the area and apply ice. Continue to monitor for signs of infection or increased inflammation.
- **Deer ticks** are tiny insects that live in low brush and can spread Lyme disease in a small percentage of the people they bite. *Use bug repellant with DEET whenever out in such areas to keep these pests and others away.* Wear a light colored long-sleeved shirt, long pants, socks and a hat if you are in tick country. When you get home, carefully check yourself and the person you support for ticks. And don't panic! Generally, a Lyme disease carrying tick usually has to be attached for at least 24 hours to spread the disease. Ticks can be difficult to kill so it is best to flush them down the toilet whenever possible.
- **Mosquitoes:** Avoid outdoor activities at dusk or dawn. That is when they are most active. Use a mosquito repellant. Most repellants are effective for many hours so there is no need to keep reapplying it. Wash it off carefully after going back inside. Wear light-colored clothing as mosquitoes are attracted to dark or bright colors.



If you would like further information on these topics or others, we suggest you visit the following websites:

www.state.ma.us/dph